

SECRET
(When Filled In)

RE-PUNCH

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|--|--|--|--|--|--|--|--|
| PERSONALITY (201) FILE REQUEST | | | | NOTE: Consult the 201 Control System Reference Manual before completing this form. Form must be typed or printed in block letters. | | | |
| TO: RID/201 Section | | | | DATE 26 AUG 59 | | ACTION <input checked="" type="checkbox"/> OPEN <input type="checkbox"/> AMEND <input type="checkbox"/> CLOSE | |
| FROM: EE/C/L <input type="checkbox"/> <input type="checkbox"/> | | | | ROOM NO. 2211 K | | TELEPHONE 528 | |
| SECTION I | | | | | | | |
| <input type="checkbox"/> SENSITIVE | | <input type="checkbox"/> NON-SENSITIVE | | SOURCE DOCUMENT UJVENTURE SHEET (ATTACHED) | | | |
| NAME (Last) RITSCHNAU | | NAME (First) WOLFRAM | | NAME (Middle) DR. | | NAME (Title) DR. | |
| NAME VARIANT | | | | | | | |
| 2. TYPE NAME (Last) (First) (Middle) (Title) | | | | | | | |
| DECLASSIFIED AND RELEASED BY CENTRAL INTELLIGENCE AGENCY SOURCE METHOD EXEMPTION 3028 KAZI WAR CRIMES DISCLOSURE ACT DATE 2006 | | | | | | | |
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| | | | | | | | |
| 4. PHOTO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | 5. BIRTH DATE 0 30 '22 '21 | | 6. COUNTRY OF BIRTH AUST | | 7. CITY OR TOWN OF BIRTH FRIEDKIRCH | |
| OTHER IDENTIFICATION | | | | CITIZENSHIP GERMANY | | | |
| OCCUPATION/POSITION FORMER BND STAFF EMPLOYEE OUTSIDE GERMANY | | | | 8. OTHER IDEN CODE 1. UA 2. 3. | | | |
| | | | | 9. OCC/POS CODE ZH JX | | | |
| SECTION II | | | | | | | |
| CRYPTONYM | | | | PSEUDONYM | | | |
| SECTION III | | | | | | | |
| 10. COUNTRY OF RESIDENCE AUST | | 11. PRIMARY DESK INTEREST EE/C/L | | 12. 2ND COUNTRY INTEREST | | 12A. 3RD COUNTRY INTEREST | |
| COMMENTS Formerly in cipher dept of German Army Legation Intell. (OKW/CHI) during WW II | | | | | | | |
| <div style="text-align: center;"> <p>①</p> <p>VERIFIED</p> <p>PUNCHED</p> </div> | | | | | | | |
| PERMANENT CHARGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | RESTRICTED FILE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | SIGNATURE <input type="checkbox"/> <input type="checkbox"/> | | | |

FORM 12-58 831 USE PREVIOUS EDITIONS.

SECRET

(30)

RID/AN COPY